

Virginia Medicaid Services Kaiser Family Foundation Summary

Acute Care Services

Is the Benefit Covered?	Copayment Requirement	Prior Approval Requirement	Coverage Limitations	Reimbursement Methodology	Populations Covered
Institutional and Clinic Services					
<u>Clinic Services, by an organized facility or clinic not part of a hospital: Freestanding Ambulatory Surgery Center</u>					
Yes	\$3/visit			Fee for service	CN & MN
<u>Clinic Services, by an organized facility or clinic not part of a hospital: Public Health and Mental Health Clinics</u>					
Yes	\$1/visit	After initial 5 Mental Health treatment visits		Fee for service	CN & MN
<u>Federally Qualified Health Center Services</u>					
Yes	\$1/visit			Cost based payment	CN & MN
<u>Inpatient Hospital Services, other than in an Institution for Mental Diseases</u>					
Yes	\$100/admission		Admissions for specified procedures safely rendered on outpatient basis, weekend admissions and days before elective surgery must be medically justified; psych admissions not covered for adults	Prospective payment/discharge using DRG; prospective per diem for psych, rehab and other special hospitals/units	CN & MN
<u>Outpatient Hospital Services</u>					
Yes	\$3/visit		24 therapy visits/year	Cost based payment with limits	CN & MN

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<u>Rehabilitation Services: Mental Health and Substance Abuse</u>				
Yes		Day treatment limited to 780 time units/year, in-home care and residential treatment not covered for adults	Fee for service	CN & MN
<u>Rural Health Clinic Services</u>				
Yes	\$1/visit		Cost based payment	CN & MN
<u>Practitioner Services</u>				
<u>Certified Registered Nurse Anesthetist Services</u>				
No				
<u>Chiropractor Services</u>				
No				
<u>Dental Services</u>				
Yes		Limited to trauma care and oral surgery	Fee for service	CN & MN
<u>Medical and Remedial Care - Other Practitioners</u>				
See service-specific FN.				
<u>Medical/Surgical Services of a Dentist</u>				
Yes		Limited to trauma care and oral surgery	Fee for service	CN & MN
<u>Nurse Midwife Services</u>				
Yes			Fee for service	CN & MN
<u>Nurse Practitioner Services</u>				
Yes	\$1/visit	Routine physical exams not covered	Fee for service	CN & MN
<u>Optometrist Services</u>				
Yes	\$1/visit	Refractive exams only	Fee for service	CN & MN

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<u>Physician Services</u>				
Yes	\$1/visit including refractive eye exams, \$3/service other than visits	Elective surgical procedures must restore body function, inpatient hospital admissions for specified surgical procedures normally rendered on outpatient basis must be medically justified, routine physical exams not covered	Fee for service, some services performed in outpatient hospital setting paid 50% of fee, assistant surgeons paid 20% of fee	CN & MN
<u>Podiatrist Services</u>				
Yes	\$1/visit	Preventive and routine foot care not covered	Fee for service	CN & MN
<u>Psychologist Services</u>				
Yes	After initial 5 visits		Fee for service	CN & MN
Prescription Drugs				
<u>Prescription Drugs</u>				
Yes	\$1/generic Rx, \$3/brand Rx	Specified drugs	Rx must be generic unless DAW AWP-10.25%, plus \$3.75 dispensing fee to traditional pharmacies or \$5.00 dispensing fee to non-traditional pharmacies	CN & MN
Physical Therapy and Other Services				
<u>Occupational Therapy Services</u>				
No				
<u>Physical Therapy Services</u>				
No				
<u>Services for Speech, Hearing and Language Disorders</u>				
Yes	\$1/visit	Limited to audiology services	Fee for service	CN & MN

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Products and Devices				
<u>Dentures</u>				
No				
<u>Eyeglasses</u>				
No				
<u>Hearing Aids</u>				
No				
<u>Medical Equipment and Supplies</u>				
Yes			Fee for service, home infusion therapy paid per diem	CN & MN
<u>Prosthetic and Orthotic Devices</u>				
Yes	Yes		Fee for service	CN & MN
Transportation Services				
<u>Ambulance Services</u>				
Yes			Fee for service	CN & MN
<u>Non-Emergency Medical Transportation Services</u>				
Yes	Yes		See service-specific FN	CN & MN
Other Services				
<u>Diagnostic, Screening and Preventive Services</u>				
Yes		Limited to screening and preventive services only, specified coverage criteria for mammography	Fee for service	CN & MN
<u>Early and Periodic Screening, Diagnosis and Treatment</u>				
See service-specific FN.				
<u>Extended Services for Pregnant Women</u>				
See service-specific FN.				

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<u>Family Planning Services</u>			
See service-specific FN.			
<u>Laboratory and X-Ray Services, outside Hospital or Clinic</u>			
Yes	Specified services	Fee for service	CN & MN
<u>Targeted Case Management</u>			
Yes		Fee for service	CN & MN

Long-Term Care Services

Community Based Care					
Home and Community Based Services Waiver					
Yes			Services for the following populations: 2, 3, 4, 5, 6 & 8 - See service-specific FN	Dependent upon the services provided	CN & MN
Home Health Services					
Yes	\$3/visit including all therapy services	After initial 5 visits	Specified med equipment and supplies not covered	Fee for service using geographic adjustments	CN & MN
Hospice Care					
Yes				Prospective rates based on Medicare methodology	CN & MN
Personal Care Services					
No					
Private Duty Nursing Services					
No					
Program of All-Inclusive Care for the Elderly					
No					

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Institutional Care			
<u>Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services In Institutions for Mental Diseases, age 65 and older</u>			
Yes	Hosp leave days not covered, 7 consecutive therapeutic leave days up to 18 days/year	Prospective cost based per diem	CN
<u>Inpatient Psychiatric Services, under age 21</u>			
Yes		Prospective cost based per diem	CN
<u>Intermediate Care Facility Services for the Mentally Retarded</u>			
Yes	Hosp leave days not covered, 7 consecutive therapeutic leave days up to 18 days/year	Cost based payment	CN
<u>Nursing Facility Services, other than in an Institution for Mental Diseases</u>			
Yes	Hosp leave days not covered, 7 consecutive therapeutic leave days up to 18 days/year	Prospective per diem based on cost and acuity adjusted	CN & MN
<u>Religious Non-Medical Health Care Institution and Practitioner Services</u>			
Yes		Prospective cost based per diem	CN & MN